

Good afternoon. My name is Dr. Harold Schwartz. I am the Psychiatrist in Chief at Hartford Hospital's Institute of Living. I am here today on behalf of the 800 members of the Connecticut Psychiatric Society to support Governor's Bill Number 6847, AN ACT ENHANCING ACCESS TO BEHAVIORAL HEALTH SERVICES AND SERVICES FOR YOUTHS WITH AUTISM SPECTRUM DISORDER..

There are many knowledgeable people here who will address the various aspects of this bill. We would like to particularly highlight Section 7. It sets up a working group under the auspices of the Insurance Commissioner to develop recommendations for data to be gathered across various types of payers to insure that patients are able to utilize their mental health benefits appropriately and in accordance with the principles of parity.

As you know Connecticut was one of the first states to pass a parity law. Representatives of the Connecticut Psychiatric Society actively contributed to the development of that statute. Much later the U. S. Congress passed an even more far-reaching bill, which was reaffirmed in the Affordable Care Act.

State and federal mental health parity legislation has been intended to address historic inequities in the manner in which insurance benefits have been applied to the treatment of mental illnesses. These inequities have included but are not limited to limitations on the dollar amounts or the number of office visits allowable per year, exclusion of certain diagnoses (for example, Eating Disorders), inadequate panels of clinicians in many plans or panels in which few clinicians listed are actually accepting patients, intrusive precertification and recertification practices for inpatient and outpatient care and unreasonable denials of care based on arbitrary interpretations of "medical necessity."

Implementation of mental health parity legislation has been uneven and the results have been equivocal. I can share a number of personal experiences which exemplify some of the issues. In my position at the Institute of Living I am constantly asked to make referrals for individuals in need of psychiatric care. My first step is to ask the individual or family member for a copy of the panel of clinicians who accept their insurance plan. Time and again I review lists of clinicians which include some who are no longer in practice and many, if not most, who I personally know are not actually accepting insured patients. These lists are virtually unusable and reflect the fact that discriminatory payment practices makes it very difficult for the insured to access care. Again, in my position at the IOL I recurrently hear of hospitalized patients who are denied further stay at the hospital because a reviewer (paid by the insurer or managed Care Company) has determined that further care no longer meets the "medical necessity" standard. Often these patients remain, in the opinion of the people treating them in our hospital, suicidal or otherwise seriously ill. The appeals process is arduous and the patient or family bear the burden of unreasonable expense to obtain reasonable care. Whether inadvertently or deliberately it is the case currently in Connecticut that many of the practices of those administering mental health benefits do not conform to the intentions of either the state or federal parity statute. Something must be done.

Although not specifically mentioned in the bill, we would also urge that data be gathered for comparison with medical benefits, because that is the way we will be able to measure if parity has been implemented appropriately.

While we would prefer a bill that more actively addressed the issue – for instance, a bill that would place determinations of “medical necessity” in the hands of a neutral body rather than in the hands of the payer, we stand behind any and all attempts to address discriminatory practices in the administration of insurance benefits for those in need of mental health treatments. It is our hope that the collection of such data will make it obvious that the true intent of parity legislation is not currently being achieved and that this will lead to further legislation that will enable the citizens of Connecticut to experience the true promise of parity.

We would also like to let you know that we support Bill 6867, AN ACT CONCERNING HEALTH CARE PROVIDER NETWORK ADEQUACY. I alluded to this need in my earlier testimony. Our Executive Office frequently gets calls from patients who haven’t been able to reach the psychiatrists listed in their plan’s network because the phone number listed does not work, or the doctor does not participate in their plan, or even worse, that the doctor is deceased or has moved.

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